



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN

666-005160

DATE OF INSPECTION

06/07/09

LOCATION OF INSTRUMENT (STREET AND CITY)

10405 MO-180

ST ANN

TIME OF INSPECTION

0720 HRS

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

✓ DVM TEST: (.350 ± .150) 374

✓ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) ATTACHED

✓ CHARACTER DISPLAY TEST OKAY

✓ PRINT TEST (PRINTOUT ATTACHED) ATTACHED

✓ TIME AND DATE OKAY

✓ CALIBRATION CHECK —

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

✓ 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

□ 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 101

TEST 2 102

TEST 3 103

✓ SIMULATOR TEMPERATURE (34° ± .2°C) 34.1c

✓ PERFORM RFI TEST (PRINTOUT ATTACHED) ATTACHED

✓ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS 2	0-.04 0	.05-.09 0	.10-.14 0	.15-.19 0	Over .19 1
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Solution Supplier: GUTH LAB

Lot#: 08280

Expiration Date: 8/11/09 Conc: .10%

INSPECTING OFFICER

SIGNATURE

Mike Goodrich

PRINT NAME

MIKE GOODRICH

TYPE II PERMIT NUMBER/EXPIRATION DATE

720173 08/09/09

TELEPHONE NUMBER

(314) 427-8440 EXT. 1579



GUTH LABORATORIES, INC.

590 NORTH 87th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08280** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1212** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **August 11, 2009 at 11:59 PM.**

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

SN 66-005160
E735.23
INVALID TEST
INHIBITED - RFI

06/07/2009
07:35

10495 IU-100
INTOXILYZER - ALCOHOL ANALYZER
IU MODEL 5000 SN 66-005160
06/07/2009

TEST	KBAC	TIME
AIR BLANK	.000	07:31
CAL. CHECK	.101	07:31
AIR BLANK	.000	07:32
CAL. CHECK	.102	07:32
AIR BLANK	.000	07:33
CAL. CHECK	.103	07:33
AIR BLANK	.000	07:33

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

SN 66-005160
E735.23

06/07/2009
07:29

ABCDEFGHIJKLMNUPQRSTUVWXYZ0123
AB0DEFGHIJKLMNOPQRSTUVWXYZ0123456789
AB0DEFGHIJKLMNOPQRSTUVWXYZ012345678910#1abcde
ABCDEFGHIJKLMNUPQRSTUVWXYZ012345678910#1abcde
ABCDEFGHIJKLMNUPQRSTUVWXYZ012345678910#1abcde
ABCDEFGHIJKLMNUPQRSTUVWXYZ012345678910#1abcde

10495 IU-100
INTOXILYZER - ALCOHOL ANALYZER
IU MODEL 5000 SN 66-005160
06/07/2009

DIAGNOSTIC TEST 07:29

IRON CHECK	E735.23	PASSED
RAN CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SPEED		PASSED
NEG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNUPQRSTUVWXYZ
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



MIKE GOODRICH

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

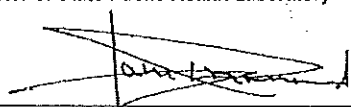
Date 08/09/07

Number 720173

Expires 08/09/2009

MO 580-0771 (7-88)


Director of State Public Health Laboratory



Director, Department of Health

Lab. 4 (R7-88)